

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00571372 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Redwave Communications LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016 </div>	
Mailing Address 4019 Ingersoll Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 29350.97 </div>	
City Des Moines	State IA	Zip Code 50312	Transaction ID : 001 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016 </div>	
Purpose of Expenditure Direct Mail Production		Category/ Type 004	Name of Federal Candidate Chris Christie	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 5328835.48 </div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016	

Full Name of Payee Spectrum Marketing Companies			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016 </div>	
Mailing Address 95 Eddy Rd Suite 101			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 40727.78 </div>	
City Manchester	State NH	Zip Code 03102	Transaction ID : 002 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016 </div>	
Purpose of Expenditure Direct Mail Postage		Category/ Type 004	Name of Federal Candidate Chris Christie	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 5369563.26 </div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 70078.75 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 0 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 70078.75 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Charles R. Spies

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2016

Signature